



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
Professional Counselor Examiners Committee
124 Halsey Street, 6th Floor, P.O. Box 45044
Newark, New Jersey 07101
(973) 504-6582

PROPOSED PLAN OF SUPERVISED COUNSELING EXPERIENCE
(This form should be completed by the supervisor and forwarded directly to the Committee.)

Please print clearly.

Name of applicant: _____
Last name First name Middle initial

Applicant's address: _____
Street or P.O. Box City State ZIP code

Supervisor Information

Last name First name Middle initial Other names if applicable

Business name: _____
Type of business (nonprofit, for profit, group, private, etc.)

Business address

City State ZIP code

Telephone number: _____ E-mail address: _____
(include area code)

- (1) **YOU MUST ATTACH YOUR CURRENT RESUME/CURRICULUM VITAE, and**
(2) **IF YOU ARE LICENSED IN A STATE OR JURISDICTION OTHER THAN NEW JERSEY, CONTACT THE ISSUING LICENSING BOARD FOR VERIFICATION OF LICENSURE.** (Please note that the photocopying of New Jersey license certificates is prohibited.)

Licensure of supervisor: (Check all that apply.)

- ☐ Marriage and Family Therapist ☐ Professional Counselor ☐ Licensed Clinical Social Worker
☐ Psychologist ☐ Psychiatrist ☐ Family Physician
☐ Rehabilitation Counselor ☐ Other _____

Type of license or certificate	Number	State or jurisdiction issuing license or certificate	Date issued/expired
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1. Have any of the supervisor's licenses ever been suspended, revoked or restricted? ☐ Yes ☐ No
If "Yes," attach documentation and an explanation to this form.

2. Where will client contact and supervision take place?

Agency name Address Telephone number (include area code)

Agency tax status: ☐ For-profit ☐ Not-for-profit

3. Does the proposed supervisor have any other individuals under clinical supervision? ☐ Yes ☐ No
If "Yes," provide the names and total number of supervisees:_____.
4. What is the proposed number of direct client contact hours you plan to meet WEEKLY?
Couples_____ Families_____ Individuals_____ Groups_____
5. What is the proposed number of hours of supervision you plan to meet WEEKLY?
Individual or Dyad (two people)_____ Group_____
- (N.J.A.C. 13:34-11.1 requires at least 50 hours of face-to-face supervision per one calendar year at the rate of one hour per week, of which not more than 10 hours may be group supervision.)
6. What are the inclusive dates with the above supervisor? Beginning: _____ Anticipated Ending: _____
month/day/year month/day/year
7. Type of supervisory modalities to be utilized: (Check all that apply.)
☐ Audiotape ☐ Videotape ☐ Session observation/Live supervision
8. Describe the proposed client services you are contracting to provide (please include the applicant's detailed job description).
(Add separate pages as needed.)

9. Has the applicant read the statutes and regulations of New Jersey that govern the practice of professional counseling? ☐ Yes ☐ No
(N.J.S.A. 45:8B-34 et seq. and N.J.A.C. 13:34-10.1 et seq.)
10. Has the supervisor read the pertinent statutes and regulations of New Jersey? ☐ Yes ☐ No
(N.J.S.A. 45:8B-34 et seq. and N.J.A.C. 13:34-10.1 et seq.)

**THESE DOCUMENTS ARE THE LEGAL DEFINITIONS FOR ANYONE WHO IS OR ASPIRES TO BE A
LICENSED PROFESSIONAL COUNSELOR. FILE THEM FOR REGULAR GUIDANCE AND REFERENCE.**

11. According to your understanding, what are the personal learning objectives of the supervisee?

12. To your knowledge, will the supervisee have more than one supervisor in the above or another setting during the inclusive dates? ☐ Yes ☐ No
- If Yes, please advise the supervisee to request that a separate form be submitted by that supervisor.

Applicant's signature Proposed supervisor's signature Date

**THE SUPERVISOR IS REQUIRED TO IMMEDIATELY NOTIFY THE PROFESSIONAL COUNSELOR EXAMINERS
COMMITTEE OF ANY CHANGES IN THE EMPLOYMENT OF EITHER THE APPLICANT OR THE SUPERVISOR.**

Certification

I certify that all of the foregoing information provided herein is true and if any information provided by me is willfully false, I am subject to punishment.

Supervisor's signature: _____